

# TRAVEL EXPENSE CLAIM

See Instructions and Privacy  
Statement on Reverse Side

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STD. 262 (REV. 10/92)

CLAIMANT'S NAME Cameron Durckel		SSAN OR EMPLOYEE NUMBER [REDACTED]		DEPARTMENT Office of the Governor	
POSITION Director	CB/ID NUMBER	DIVISION OR BUREAU San Diego Regional Office		INDEX NUMBER	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS 1350 Front Street, Room 6054		TELEPHONE NUMBER [REDACTED]	
		CITY San Diego	STATE CA	ZIP 92101	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES    AMOUNT		
Feb-09													
04-Feb		San Diego									19    8.46		8.46
05-Feb		San Diego									18    8.01		8.01
05-Feb		San Diego									27    12.02		12.02
06-Feb		San Diego									49    21.81		21.81
09-Feb		San Diego									67    29.82		29.82
11-Feb		San Diego									48    21.36		21.36
13-Feb		San Diego									5    2.23		2.23
17-Feb		San Diego									3    1.34		1.34
19-Feb		San Diego									7    3.12		3.12
19-Feb		San Diego									62    27.59		27.59
23-Feb		San Diego									36    16.02		16.02
26-Feb		San Diego									68    30.26		30.26
27-Feb		San Diego									13    5.79		5.79
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	422    187.79	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$187.79	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

SEE ATTACHED.

NORMAL WORK HOURS

0800-1700

PRIVATE VEHICLE LICENSE NUMBER

5XPX843 CA

MILEAGE RATE CLAIMED

0.445

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

5240534

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

DATE  
4/29/09

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE  
5/18/09

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES

DATE  
6-1-09

Cameron Durckel

**FEBRUARY 2009 EVENTS / MILEAGE**

2/04/09	Meeting with SEIU re: budget
2/05/09	Speak to California Attractions & Parks Association re: budget
2/05/09	Speak to Claremont Town Council
2/06/09	Meet with National University System Institute for Policy Research
2/09/09	Meet with Chaldean Middle-Eastern Social Services
2/11/09	Testify at SDRWQCB
2/13/09	Meeting with Ambassador to Mexico
2/17/09	Speak to SD Regional Chamber Public Policy Meeting
2/19/09	Meet with housing/banking representatives – loans
2/19/09	Speak to South County EDC – budget
2/23/09	Speak to Coastal Chamber re: budget
2/26/09	Meet with Chaldean Social Services
2/27/09	Meeting regarding parks & recreation issues.